



Client No. 2036		Client Name O.H. materials				Location 1002 Oswego St. Utica N.Y.		Date 6/9/87																					
Facility Equipment	Detex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other Gate & Trailer Keys																						
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) ofc Del Vecchio			Officer—Swing Shift (Name) ofc K. Felix			Officer—Grave Shift (Name) Dick Kokoszki																				
Shift			Shift			Shift			Shift																				
Began 8 AM Ended 4 AM			Began 4 AM Ended 12 PM			Began 12 PM Ended 8 AM			Began 12 PM Ended 8 AM																				
Observations or actions taken	Yes	No	Explanation			Yes	No	Explanation			Yes	No	Explanation																
Rounds or stations missed		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
Unlocked vaults or safes		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Fire-smoke-or hazards		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
2. Sprinkler system defective		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
4. Rubbish accumulation		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
5. Motors running		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
6. Lights left burning		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	2010 Turn on lights				<input checked="" type="checkbox"/>	LIGHT OUT 0530.																
Injury hazards		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Visitors	<input checked="" type="checkbox"/>		John SAUPP			<input checked="" type="checkbox"/>		John SAUPP-he			<input checked="" type="checkbox"/>		OHM - EPA MEN																
Trespassing		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	left at 16:50				<input checked="" type="checkbox"/>	ON SITE																
Violation of company rules		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>																	
Remarks EPA & OHM people on site - EPA & OHM people are off site - 1840 last person left. OHM Street & Pearce on site at 1957 - 2003 OHM Street & Pearce left. WHAT WERE WE DOING? WHERE DID WE GO? WHAT TRAILER DID WE ENTER?																													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																													
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.					
		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		1		2		3		1		2		3		1		2		3		1		2		3					
		Del Vecchio						K. Felix						Dick Kokoszki															
Signatures		2		3				2		3				2		3				2		3							
Signatures		3						3						3						3									

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